DLN: 93493305018209 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization FIRST ELECTRIC COOPERATIVE CORPORATION D Employer identification number B Check if applicable □ Address change 71-0056715 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1000 S JP WRIGHT LOOP ROAD ☐ Amended return ☐ Application pending (501) 982-4545 City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, AR  $\,$  720765264  $\,$ G Gross receipts \$ 202,516,126 Name and address of principal officer H(a) Is this a group return for DON CRABBE ☐Yes ☑No subordinates? 1000 S JP WRIGHT LOOP ROAD H(b) Are all subordinates JACKSONVILLE, AR 720765264 ☐ Yes ☐No ıncluded? 501(c)(3) **У** 501(c) (12) **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW FIRSTELECTRIC COOP L Year of formation 1937 M State of legal domicile AR Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE QUALITY, RELIABLE AND AFFORDABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 242 **6** Total number of volunteers (estimate if necessary) . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 776 **b** Net unrelated business taxable income from Form 990-T, line 34 152 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 183,439,240 197,593,670 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 3,283,561 3,577,100 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,219,911 1,171,838 187,942,712 202,342,608 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 20,203 15,244 12,866,137 21,622,494 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,329,854 22,230,819 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 153,726,518 158,474,051 202,342,608 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 187.942.712 Revenue less expenses Subtract line 18 from line 12 . Net Assets or Fund Balances Beginning of Current Year End of Year 489,619,222 494,344,521 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 241,929,980 231,939,574 22 Net assets or fund balances Subtract line 21 from line 20 . 247,689,242 262,404,947 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-22 Signature of officer Sign Here MELISSA WOOD CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-10-22 P00439459 Paid self-employed Firm's name 

BOLINGER SEGARS GILBERT AND MOSS LLP Firm's EIN > 75-0882037 Preparer Use Only Firm's address ▶ 8215 NASHVILLE AVENUE Phone no (806) 747-3806 LUBBOCK, TX 79423 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page <b>2</b>
Pa	statement	t of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
FIRS	T ELECTRIC, IMPROVI	ING QUALITY OF LIFE			
_					
2	<del>-</del>		ram services during the year which		☐ Yes ☑ No
					⊔ Yes ⊻ No
	•	ese new services on Schedule (			
3			nificant changes in how it conducts,		☐ Yes ☑ No
		and abandon on Sabadula O			□ res 🖭 No
4		ese changes on Schedule O			
•	Section 501(c)(3) ai		olishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	(0000	, (Expenses ¢	merading grants or \$	) (Nevenue \$	,
	Oth an mus	(December of Calculate C.)			
4d	Other program serv (Expenses \$	ices (Describe in Schedule O ) including g	rants of \$	(Revenue \$	)
40	Total program ser		)	(Nevenue #	,
4e	rotar program ser	vice expenses P			Form <b>990</b> (2018)

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	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	435		

	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2			
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			

business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Part V

	990 (2010)			Page
Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			

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No

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Yes

Yes

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	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h

Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a 193,578,655

**b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 8,283,954 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

12b

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

13c

14a

14b

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No

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Form	990 (2018)			Page (									
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines 🗸									
Se	ction A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year  1a  9												
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O												
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No									
6	Did the organization have members or stockholders?	6	Yes										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b	Yes										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following												
а	The governing body?	8a	Yes										
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b		No									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	•									
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		No									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes										

8	the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure	105		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

Part VII

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

g							,		=	
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	tutioi	nal t	rust	ees,	offic	ers, key employees	s, highest	
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any (	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	pers	an on on is	e bo both	t che x, u n an	eck m Inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) RICK LOVE CHAIRMAN	9 10	×		×				39,773	0	0
(2) TRACY HUDSPETH VICE CHAIRMAN	6 60	x		×				41,667	0	0
(3) ROBERT MAERTENS SECRETARY/TREASURER	6 90	x		x				32,320	0	11,000
(4) TOM HASTY JR DIRECTOR	6 00	x						38,598	0	0
(5) ROBERT HILL DIRECTOR	6 50	x						40,903	0	0
(6) DAVID LUEBKE DIRECTOR	6 60	x						43,031	0	0
					$\overline{}$		$\overline{}$			

CHAIRMAN							
(2) TRACY HUDSPETH VICE CHAIRMAN	6 60	×	×		41,667	0	0
(3) ROBERT MAERTENS SECRETARY/TREASURER	6 90	x	×		32,320	0	11,000
(4) TOM HASTY JR DIRECTOR	6 00	x			38,598	0	0
(5) ROBERT HILL DIRECTOR	6 50	×			40,903	0	0
(6) DAVID LUEBKE DIRECTOR	6 60	х			43,031	0	0
(7) KARISSA RUSHING DIRECTOR	8 20	х			41,531	0	2,400
(8) LARRY WOOD DIRECTOR	8 50	х			51,226	0	0
(9) TODD PROTHRO DIRECTOR	7 80	×			40,452	0	0
(10) DON CRABBE PRESIDENT/CEO	49 00		×		667,886	0	221,689

						<u> </u>			
(1) RICK LOVE CHAIRMAN	9 10	х		×			39,773	0	0
(2) TRACY HUDSPETH VICE CHAIRMAN	6 60	х		×			41,667	0	0
(3) ROBERT MAERTENS SECRETARY/TREASURER	6 90	х		×			32,320	0	11,000
(4) TOM HASTY JR DIRECTOR	6 00	x					38,598	0	0
(5) ROBERT HILL DIRECTOR	6 50	X					40,903	0	0
(6) DAVID LUEBKE DIRECTOR	6 60	X					43,031	0	0
(7) KARISSA RUSHING DIRECTOR	8 20	Х					41,531	0	2,400
(8) LARRY WOOD DIRECTOR	8 50	x					51,226	0	0
(9) TODD PROTHRO DIRECTOR	7 80	x					40,452	0	0
(10) DON CRABBE PRESIDENT/CEO	49 00			×			667,886	0	221,689
(11) BRUCE ANDREWS CFO (JAN - MAR)	40 00			×			99,161	0	11,847
(12) MELISSA WOOD CFO	45 00			×			159,921	0	31,241
(13) BRAD FORD COO (JAN)	40 00			×			42,456	0	8,951
(14) JERRY DRISKILL  VP - OPERATIONS	45 00				×		173,605	0	106,750
(15) DANIEL RIEDEL	45 00				V		177 507	0	88 763

177,597 0 45 00 ..... 160,609 45 00

88,763 VP - ENGINEERING (16) ASHLEY GARRINGER 50,741 VP - ADMINISTRATION (17) TONYA SEXTON

152,675 22.393 VP - MARKETING Form **990** (2018) Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page **8** 

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than c	ne b	ox, un of tor/t	t che unle: ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	MISC)		relat organiza	ed
(18) KAREN SOUTHERLAND	45 00					x		149,126		0		127,128
(19) RANDY EVERETT										+		
VP - OPERATIONS	45 00					×		146,111		0		64,547
(20) THEODORE DEWEESE IR	45 00					<u> </u>		120 257				40.202
SERVICEMAN						×		139,257		0		48,282
(21) JAMES BRANSCUM	45 00					×		134,495		0		77,716
DISTRICT MANAGER		••••								4		
										_		
										$\dagger$		
										+		
					<u> </u>	<u> </u>						
1b Sub-Total					•	-						
1					•	-		2,572,400	0			873,448
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$100	,000			
											Yes	No
3 Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>					•	e, or h	_	•	nployee on	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr individual									he	_		
						-	•		dual for	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? If '								janization of individ	idal lol	5		No
Section B. Independent Contractors	<u> </u>									Ť		
1 Complete this table for your five highest	compensated in									ens	sation	
from the organization Report compensat	on for the caler	ndar ye	ar en	dıng	ı wıt	h or w	ithin	the organization's	tax year (B)		(C)	
	ousiness address								ion of services		Compen	sation
UTILITY LINES CONSTRUCTION INC								POWERLINE CO	DNSTRUCTION		3,	212,214
PO BOX 827464 PHILADELPHIA, PA 19182												
ASPLUNDH TREE EXPERT CO								RIGHT OF WAY	CLEARING		3,	002,392
PO BOX 827464 PHILADELPHIA, PA 19182												
APPLE TREE SERVICE INC							RIGHT OF WAY	CLEARING		2,	406,944	
316 N CEDAR STREET												
NORTH LITTLE ROCK, AR 72114 PENSKE TRUCK LEASING CO LP								FLEET MANAGE	MENT SERVICE	+	1,	294,021
PO BOX 827380												
PHILADELPHIA, PA 19182 THE FISHEL COMPANY INC		POWERLINE CON							ONSTRUCTION	$\dashv$		775,033
DEPARTMENT L-2478												
COLUMBUS, OH 43260												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 13

		(2018)											Page	9
Part	VIII							5						
		Check if Schedul	e O contains :	a respo	onse or no	ote to any	(/	NS Part VIII N) evenue	Rel e> fu	(B) ated or kempt nction	bı	(C) arelated usiness evenue	(D) Revenue excluded from tax under section	s
	18	a Federated campaign	ns	1a					re	venue			512 - 514	_
nts ints		<b>b</b> Membership dues		1b	l									
3ra nou		c Fundraising events		1c										
IS, (		<b>d</b> Related organizatio		1d										
Gifts, Grants illar Amounts		e Government grants (co		1e										
ns, Sim	1	f All other contributions,	, gıfts, grants,											
atio er S		and similar amounts na above	ot included	1f										
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributio	ons included											
Contain and		in lines 1a - 1f \$ <b>h Total.</b> Add lines 1a-	-1f			•								
7				•	· · ·	Business	Code		T					_
KIE	2a	SALES OF ELECTRICITY				Dusiness		191,6	530,652	191,630	0,652			_
۱۲۶۲		PATRONAGE DIVIDENDS					221000	4,2	230,190	4,230	0,190			_
o≛ o±		SERVICE FEES					221000	1,5	567,550	1,56	7,550			_
rvic	d	SURGE PROTECTOR REV	/ENUE				221000	:	116,368	110	5,368			_
Program Service Revenue	е	OTHER PROGRAM REVE	NUE				221000		48,910	41	3,910			_
grar	f	All other program se	rvice revenue											
Æ		<b>Total.</b> Add lines 2a-2				197,5	93,670							
		Investment income (ii			interest a	and other	1		1					_
	9	similar amounts) .				•		3,458,08	2				3,458,08	32
	4 Income from investment of tax-exempt bond pr 5 Royalties							3,050	n				3,05	
	<b>5</b> Royalties							3,03	1				3,03	_
	6a	Gross rents			, ,		1							
	b	Less rental expenses				776 0	4							
							_							
	C	Rental income or (loss)				776								
	d	Net rental income o	r (loss)			<b>&gt;</b>	1	770	6			776		
	_	Constant and the consta	(ı) Securit	ties	(11)	Other								
	7a	Gross amount from sales of assets other				268,849								
		than inventory												
	ь	Less cost or other basis and				149,831								
	_	sales expenses				119,018	1							
		Gain or (loss)  Net gain or (loss)	L				1	119,018	19,018				119,01	18
	8a	Gross income from f	undraising ev											
ıne		(not including \$ contributions reporte		of										
.ve		See Part IV, line 18		а										
r R		Less direct expense: Net income or (loss)		b Sing ov	L									
Other Revenue		Gross income from g				• •	1							_
0		See Part IV, line 19												
	Ь	Less direct expense	c	a b			-							
		: Net income or (loss)			les	<b>•</b>	J							
	10	Gross sales of invent returns and allowand												
		returns and anowand	.es	a		22,007								
	b	Less cost of goods s	sold	b		23,687	]							
	c	Net income or (loss)		invent	T			-1,68	0	-1,680				_
	11	Miscellaneous			Busine	221000	-	1,169,69	2				1,169,69	92
	_	. OLL ATTACHMENT	THOUGH					, ,					,===,	
	b	<b>———</b>												
	c	;												_
		All other revenue												_
		Total. Add lines 11a				<b>&gt;</b>		1,169,69	2					
	12	<b>! Total revenue.</b> See	Instructions	• •	• •	. •		202,342,60	8	197,591,990		776		
													Form <b>990</b> (2018	ĸ١

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,244	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	21,622,494			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,384,118			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,598,415			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,652,334			
9 Other employee benefits	3,583,558			
10 Payroll taxes	1,012,394			
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting				
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
<b>16</b> Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings				
<b>20</b> Interest	9,097,311			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,199,222			
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PURCHASED POWER	113,747,622			
b DISTRIBUTION EXPENSE	15,216,778			
c CONSUMER EXPENSE	2,624,856			
d ADMIN & GENERAL EXPENSE	2,199,000			
e All other expenses	389,262			
25 Total functional expenses. Add lines 1 through 24e	202,342,608			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

Intangible assets . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

-	Savings and temporary cash investments	3,320,471		12,200,090
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	13,060,995	4	13,539,029
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete		6	

Part II of Schedule L Assets 7 Notes and loans receivable, net 267.391 8 256,739 Inventories for sale or use . Prepaid expenses and deferred charges 15.836.060 9 14.782.985 10a Land, buildings, and equipment cost or other 10a 522,337,909 basis Complete Part VI of Schedule D 171,881,803 349,435,898 350,456,106 Less accumulated depreciation 10b 10c 11 11 Investments—publicly traded securities .

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27 28

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30

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32

33

34

88.415.788

10.437.396

494.344.521 5,408,551

189,698,304

36.832.719

231.939.574

754,070

261,650,877

262,404,947

494,344,521

Form **990** (2018)

89.015.062

10.881.576

489.619.222

198,256,177

36.715.682

241.929.980

745,665

246,943,577

247,689,242

489,619,222

6,958,121

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133? 3a

No

Form 990 (2018)

3b

## Additional Data

Software ID:

Software Version: FIN: 71-0056715

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

Form 990 (2018)

(2018)

Form 990, Part III, Line 4a:

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS - 94,319 ACTIVE SERVICES AT YEAR END. ALL SERVICES THAT WERE ACTIVE DURING THE YEAR WERE PROVIDED. FLECTRICITY ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL.

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

DLN: 93493305018209

Open to Public

tern	ial Revenue Service	► Go to <u>www.irs.qe</u>	ov/Form990 for the latest information.		Inspection
Na FIR	ime of the organ	nization ERATIVE CORPORATION		Employer	identification number
2				71-005671	
Pa		izations Maintaining Donor Advisete of the organization answered "Yes	sed Funds or Other Similar Funds or	r Account	s.
	Comple	te ii tile organization answered Tes	(a) Donor advised funds	<b>(b)</b> Fı	unds and other accounts
	Total number at	end of year			
	Aggregate value	of contributions to (during year)			
ŀ	Aggregate value	of grants from (during year)			
	Aggregate value	at end of year			
i		ation inform all donors and donor advisor property, subject to the organization's exc	rs in writing that the assets held in donor adv clusive legal control?	vised funds a	are the $igsqcup $ Yes $igsqcup $ No
'		oses and not for the benefit of the donor	nor advisors in writing that grant funds can b or donor advisor, or for any other purpose c		
a	rt III Conser	rvation Easements. Complete if th	e organization answered "Yes" on Form	າ 990, Part	: IV, line 7.
i	Purpose(s) of co	onservation easements held by the organ	iization (check all that apply)		
	☐ Preservation	on of land for public use (e ${f g}$ , recreation	or education)  Preservation of an	historically i	ımportant land area
	☐ Protection	of natural habitat	$\square$ Preservation of a co	ertified histo	oric structure
	Preservation	on of open space			
		2a through 2d if the organization held a delated last day of the tax year	qualified conservation contribution in the form		ervation Id at the End of the Year
а	Total number of	conservation easements		2a	
b	Total acreage re	estricted by conservation easements	_	2b	
С	Number of cons	ervation easements on a certified historic	: structure included in (a)	2c	
d		ervation easements included in (c) acquii in the National Register	red after 7/25/06, and not on a historic	2d	
l	Number of cons tax year ▶	ervation easements modified, transferred	d, released, extinguished, or terminated by t	:he organiza	tion during the
	Number of state	es where property subject to conservation	n easement is located <b>&gt;</b>		
i		ızatıon have a wrıtten policy regardıng th nt of the conservation easements it holds	e periodic monitoring, inspection, handling o ?	of violations,	☐ Yes ☐ No
,	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation e	easements during the year
	Amount of expe ► \$	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	/ation easem	nents during the year
1	Does each constant section 170		above satisfy the requirements of section 17	<sup>7</sup> 0(h)(4)(B)(	□ Yes □ No
	balance sheet, a	•	ervation easements in its revenue and expen footnote to the organization's financial state :s		•
aı			of Art, Historical Treasures, or Othe	er Similar	Assets.
_		ete if the organization answered "Yes	s" on Form 990, Part IV, line 8. 6 (ASC 958), not to report in its revenue stat	tement and	halance sheet works of
a	art, historical tr	easures, or other similar assets held for i	public exhibition, education, or research in fu cial statements that describes these items		
b	historical treasu		6 (ASC 958), to report in its revenue statemic exhibition, education, or research in furthe		
(	(i) Revenue ınclud	ded on Form 990, Part VIII, line 1		▶ \$	i
(	ii)Assets ıncluded	l ın Form 990, Part X		<b>▶</b> \$	
!	-	ion received or held works of art, historic nts required to be reported under SFAS 1	cal treasures, or other similar assets for finar 16 (ASC 958) relating to these items	ncial gain, pr	rovide the
а	Revenue include	ed on Form 990, Part VIII, line 1		<b>▶</b> \$	;

**b** Assets included in Form 990, Part X

Par	t IIII	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal T	reasu	ıres, or	Other	Similar A	ssets (d	continue	ed)	
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records,	check a	any of	the fo	llowing th	at are a	significant	use of its	collect	ion	
а		Public exhibition				d		Loan	or excha	nge prog	grams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4	Provi Part	ide a description of the XIII	organization's col	lections and	d explain h	now the	y furtl	ner the	e organiza	ation's ex	xempt purpo	ose in			
5		ng the year, did the orgots ts to be sold to raise fur									nılar	☐ Ye	s [	□ No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, or	reporte	ed an amoi	unt on F	orm 9	90, Pa	rt
1a		e organization an agent ded on Form 990, Part I		an or other	ıntermedi	ary for	contri	bution	s or other	assets	not	☐ Ye	s [	□No	
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table		Γ		Δ	mount			
c		nning balance		·		_				1c					
d	Addıt	tions during the year								1d					
е	Dıstr	butions during the year	r							1e					
f	Endır	ng balance							L	1f					
2a	Dıd t	the organization include	an amount on Fo	rm 990, Pa	rt X, line 2	21, for	escrow	or cu	istodial ad	count lia	ability?	☐ Ye	s [	□No	
b	If "Ye	es," explain the arrange	ment in Part XIII	Check her	e ıf the ex	planati	on has	been	provided	ın Part I	XIII				
Pa	rt V	Endowment Fund													
				(a)Currer	nt year	<b>(b)</b> Pi	rıor yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four	years b	ack
1a	Beginr	ning of year balance .													
b	Contri	butions													
		vestment earnings, gair	·					_							
d	Grants	s or scholarships	•					_							
е		expenditures for facilitie rograms	es												
f	Admın	nistrative expenses .													
g	End of	f year balance													
2	Provi	ide the estimated perce	ntage of the curre	ent year end	d balance	(line 1g	g, colu	mn (a)	)) held as						
а	Boar	d designated or quasi-e	ndowment 🟲												
b	Perm	nanent endowment 🟲													
c	Temp	porarily restricted endov	wment 🟲												
_		percentages on lines 2a		•											
За		there endowment funds nization by	not in the posses	sion of the	organizati	on that	are h	eld an	d adminis	itered fo	r the		V	es N	lo
	_	inrelated organizations										38	a(i)	-	
	(ii) r	related organizations .										3a	(ii)		
b	If "Ye	es" on 3a(II), are the re	lated organization	s listed as i	required o	n Sche	dule R	? .				. 📑	3b		
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds								
Pa	rt VI					000	D	T) / '			000 5		- 10		
	Descr	Complete if the or	ganization answ		(b) Cost						rm 990, Pa		ie 10. d) Book	value	
	⊳esci	ipaon or property	(investme		`	56161	2.0.0 (	,	``,,,,,,,,,,,	accu t		'	_, DOOR		
12	Land						4.5	55,902	1					4.55	5,902
		ngs						71,473	-		7,227,761				3,712
		hold improvements						_,.,5	1		. ,==, ,, 01			,-	
		ment					492 N	26,633			164,654,042			327,37	2.591
u	-4aibi		I		I		, 5 .	-,,,,,,,	1		,,			,5,	,

3,383,901

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

3,383,901

350,456,106

Investments—Other Securities. Complete if the organization See Form 990, Part X, line 12.	cion answer		50, raiciv, ille iib.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation if-year market value
) Financial derivatives			
)Other			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Int VIII Investments—Program Related.			
Complete if the organization answered 'Yes' on Form 990, P			<u> </u>
	ok value		od of valuation of-year market value
See Additional Data Table			
)			
)			
)			
)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on For	3,415,788	V line 11d. See Form	990 Part V line 15
(a) Description	, , , , , , , , , ,		(b) Book value
)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )			. •
Part X Other Liabilities. Complete if the organization answered 'Y See Form 990, Part X, line 25.	es' on Form	990, Part IV, line 1	.1e or 11f.
(a) Description of liability	(b) Book	value	
) Federal Income taxes  DISUMER DEPOSITS AND PREPAYMENTS		5,412,163	
CCUMULATED PROVISION FOR PENSIONS AND OTHER POST-RETIREMENT ENEFITS		26,860,115	
FERRED CREDITS		802,934	
CCRUED PROPERTY TAXES  CCRUED OPERATING TAXES - OTHER		3,201,000 556,507	
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 25 )		36,832,719	
Liability for uncertain tax positions In Part XIII, provide the text of the footnote			

Page 4

2,386

180,720,114

21,622,494

202,342,608

Schedule D (Form 990) 2018

202,344,994

1

2.386

21,622,494

2e

3

4c

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Other (Describe in Part XIII ) . . . . . . . . .

**Supplemental Information** 

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . .

Add lines 4a and 4b . .

Return Reference

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2018

Part XI

1

3

4

c 5

Part XIII

See Additional Data Table

202,342,608 Investment expenses not included on Form 990, Part VIII, line 7b. b 4b

4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

5 202,342,608 Part XII 1 180,722,500 2

2b

2c 2d

4a

4b

Explanation

Amounts included on line 1 but not on Form 990, Part IX, line 25 2a а

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	nation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

## Additional Data

(1)PATRONAGE CAPITAL - CFC

(2) PATRONAGE CAPITAL - AECC

(3) PATRONAGE CAPITAL - AECI

(4) PATRONAGE CAPITAL - NISC

(5) PATRONAGE CAPITAL - NRTC

## Software ID:

Software Version:

**EIN:** 71-0056715

7,648,032

61,679,680

5,867,426

499,630

62,039

ORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERN AL REVENUE SERVICE (IRS) AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEME

Name: FIRST ELECTRIC COOPERATIVE CORPORATION

(c) Method of valuation

Cost or end-of-year market value

С

C

C

c c

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment (b) Book value

NT WITH TAXING AUTHORITIES

(C)		02/003			
(6)PATRONAGE CAPITAL - CRC		39,454	С		
(7)CAPITAL TERM CERTIFICATES -	CFC	11,095,488	С		
(8)ACCUMULATED DIVIDENDS - A	RESIT	249,796	С		
(9)MEMBERSHIPS		3,200	С		
(10)ENERGY EFFICIENCY LOANS		26,062	С		
(11)EXECUTIVE COMPENSATION OFFSET		830,070	С		
(12)IRRIGATION LINE EXTENSION		414,911	С		
Supplemental Information					
Return Reference	Explanation				
PART X, LINE 2	THE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA THE PRIMARY TAX POSITION OF THE COOPER ATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY THE COOPERATIVE DETERMINED THAT IT IS M				

upplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GENERAL EXPENSES RECLASSIFIED TO NON-OPERATING MARGINS 2,386

S

upplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GENERAL EXPENSES RECLASSIFIED TO NON-OPERATING MARGINS 2,386

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 21,622,494

Sı

Supplemental Information	
Return Reference	Explanation
PART IX	THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY, IN A CCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK

\_ \_ \_

<u> </u>	
Return Reference	Explanation
PART XII, LINE 4B	FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID OR ALLOCATED TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY AND NOT AS AN EXPENSE THEREFORE, NET INCOME PER THE AUDITED FINANCIAL STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE D IVIDENDS THAT ARE EITHER ALLOCATED OR TO BE ALLOCATED AT THE TIME THE AUDITED FINANCIAL ST ATEMENTS ARE PREPARED HOWEVER, BECAUSE THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPEC T OF HOW THE COOPERATIVE FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BAS IS, THE AMOUNT OF PATRONAGE DIVIDENDS EITHER ALLOCATED OR TO BE ALLOCATED TO THE MEMBERS I S REPORTED ON FORM 990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS" PATRONAGE DIVIDENDS ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING OBLIGATION AS P

ROVIDED FOR IN THE "NON-PROFIT OPERATION" ARTICLE OF THE COOPERATIVE'S BYLAWS

Supplemental Information

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN	N: 93493305018209
Note: To capture the full o	ontent of this de	ocument, please sel	ect landscape mode	(11" x 8.5") whe	n printing.			
Schedule I		Cronto and O	thar Assistanc	o to Organiz	otiono		0	MB No 1545-0047
(Form 990)			ther Assistand and Individuals	_	•			2018
	Co	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/Form990 for		on.			Inspection
Name of the organization	CORROR ATTOM					Emplo	yer identifica	ation number
FIRST ELECTRIC COOPERATIVE (	LORPORATION					71-00	56715	
Part I General Inform	ation on Grants	and Assistance				•		
Does the organization mail the selection criteria used						e, and		☐ Yes ☑ No
2 Describe in Part IV the org	anızatıon's procedur	es for monitoring the use	e of grant funds in the Un	ited States				
		estic Organizations an can be duplicated if addi		nts. Complete if the or	rganızatıon answered "Yes'	' on Form 990, I	Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrij noncash as		(h) Purpose of grant or assistance
(1) FIRST ELECTRIC TRUST 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 72076	31-1586917	501(C)(3)	13,226					TO PAY FOR DIRECT OPERATING EXPENSES FOR THE TRUST
2 Enter total number of sect	on 501(c)(3) and go	overnment organizations	listed in the line 1 table .				<b>&gt;</b>	1
3 Enter total number of other	r organizations listed	d in the line 1 table					. ▶	
For Paperwork Reduction Act Note	e, see the Instruction	ns for Form 990.		Cat No 50055	jP		Sche	edule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
		Domestic Individu	als. Complete if the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or ass		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplementa	al Informati	<b>on.</b> Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.
Return Reference	Explanation	on				
SCHEDULE I, PART II				ADE TO NON-PROFIT AND WHICH OUR MEMBERS		RE LOCATED IN THE COOPERATIVE'S SERVICE AREA,

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	19330	5018	209
Sch	edule J	Com	pensat	ion Information	00	1B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
		► Complete if the organiz	Compensa ation answ	ited Employees vered "Yes" on Form 990, Part IV	, line 23.	<b>2</b> 0	118	}
D			▶ Attach	to Form 990. instructions and the latest infor		pen i		
•	tment of the Treasurv al Revenue Service	F GO to <u>www.ns.qov/10</u>	<u> </u>	mistructions and the latest infor		Insp	ectio	n
	me of the organiza	ation RATIVE CORPORATION			Employer identificat	ion nu	ımber	
1 1100	or Elleringe coore	WITTE COM OWNTON			71-0056715			
Pa	rt I Questi	ons Regarding Compensation	)					
							Yes	No
1a		opiate box(es) if the organization pro ection A, line 1a Complete Part III t						
		s or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments parts	H	Health or social club dues or initiati Personal services (e.g., maid, chau				
	L Discretion	ary spending account		Personal services (e g , maid, chau	rreur, cher)			
b		xes in line 1a are checked, did the or all of the expenses described above?			nent or reimbursement	1b		
2		ation require substantiation prior to rees, officers, including the CEO/Execu			. 1.2	2		
	directors, truste	es, officers, including the CEO/Exect	itive Directo	r, regarding the items checked in line	e Ia.			
3		if any, of the following the filing orga EO/Executive Director Check all tha			he			
		ed organization to establish compens			ın Part III			
	<b>✓</b> Compensa	ation committee	П	Written employment contract				
		ent compensation consultant	ä	Compensation survey or study				
		of other organizations	<u>~</u>	Approval by the board or compensa	ition committee			
4	During the year related organiza	, did any person listed on Form 990, ition	Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
_	_	ance payment or change-of-control p	navmont?			4a		No
a b		r receive payment from, a suppleme	•	ified retirement plan?		4a 4b	Yes	NO
c	•	r receive payment from, an equity-ba	•	· ·		4c	103	No
		of lines 4a-c, list the persons and pro		<del>-</del>	t III			
	0   504/ \/0	\ 504( \/4\ \   1504( \/20\						
5		<b>), 501(c)(4), and 501(c)(29) org</b> ed on Form 990, Part VII, Section A,						
5		ontingent on the revenues of	iiile 1a, ulu	the organization pay or accrue any				
а	The organization	٦?				5a		
b	Any related orga	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any				
а	The organization	٦٦				<b>6</b> a		
b	Any related orga					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 67 If "Yes," do			d	7		
8		nts reported on Form 990, Part VII, nitial contract exception described in			escribe	8		
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow th	e rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Instruc	tions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

Schedule J (Form 990) 2018							

Schedule J (Form 990) 2018	Page <b>3</b>					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference Explanation						
Return Reference	Explanation					

BENEFITS ACCRUED UNDER THE SECOND PLAN FOR 2018 WAS \$100,000 AND WILL BE PAID AS BENEFITS BECOME VESTED

Return Reference	Explanation
PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN THE CONTRIBUTION
	RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN THE
	CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE, YEARS OF SERVICE AND THE CURRENT INTEREST RATE ENVIORNMENT IN
	OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS
	BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED
	IN THE FINANCIAL STATEMENTS DON CRABBE ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 92,618 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,500
	DEFERRED RETENTION BONUS 100,000 TOTAL REPORTED IN COLUMN C \$ 198,118 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT & NQDC PLANS (92,618)
	ADD CASH CONTRIBUTION TO DEFINED BENEFIT & NQDC PLANS 157,703 EXPENSE TO THE COOPERATIVE \$ 163,203 MELISSA WOOD ACTUARIAL INCREASE IN
	DEFINED BENEFIT PLAN \$ 0 EMPLOYER CONTRIBUTION TO 401(K) PLAN 16,094 TOTAL REPORTED IN COLUMN C \$ 16,094 LESS ACTUARIAL INCREASE IN
	DEFINED BENEFIT PLAN (0) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 0 EXPENSE TO THE COOPERATIVE \$ 16,094 JERRY DRISKILL ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN \$ 81,107 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,476 TOTAL REPORTED IN COLUMN C \$ 84,583 LESS ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN (81,107) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 55,900 EXPENSE TO THE COOPERATIVE \$ 59,376 DANIEL
	RIEDEL ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 78,712 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,376 TOTAL REPORTED IN COLUMN C \$ 82,088
	LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (78,712) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 53,510 EXPENSE TO THE COOPERATIVE
	\$ 56,886 ASHLEY GARRINGER ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 29,442 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,228 TOTAL REPORTED IN
	COLUMN C \$ 32,670 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (29,442) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 41,166 EXPENSE
	TO THE COOPERATIVE \$ 44,394 TONYA SEXTON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 0 EMPLOYER CONTRIBUTION TO 401(K) PLAN 15,056 TOTAL
	REPORTED IN COLUMN C \$ 15,056 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (0) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 0
	EXPENSE TO THE COOPERATIVE \$ 15,056 KAREN SOUTHERLAND ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 109,012 EMPLOYER CONTRIBUTION TO 401
	(K) PLAN 2,917 TOTAL REPORTED IN COLUMN C \$ 111,929 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (109,012) ADD CASH CONTRIBUTION TO
	DEFINED BENEFIT PLAN 48,408 EXPENSE TO THE COOPERATIVE \$ 51,325 RANDY EVERETT ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 42,530 EMPLOYER
	CONTRIBUTION TO 401(K) PLAN 2,958 TOTAL REPORTED IN COLUMN C \$ 45,488 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (42,530) ADD CASH
	CONTRIBUTION TO DEFINED BENEFIT PLAN 39,447 EXPENSE TO THE COOPERATIVE \$ 42,405 THEODORE DEWEESE, JR ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN \$ 24,684 EMPLOYER CONTRIBUTION TO 401(K) PLAN 1,681 TOTAL REPORTED IN COLUMN C \$ 26,365 LESS ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN (24,684) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 28,438 EXPENSE TO THE COOPERATIVE \$ 30,119 JAMES BRANSCUM ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN \$ 56,120 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,549 TOTAL REPORTED IN COLUMN C \$ 58,669 LESS ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN (56,120) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 43,271 EXPENSE TO THE COOPERATIVE \$ 45,820

2018 Schedule 1

Additional Dat	:a							
			Software ID:					
			Software Version:					
			EIN:	71-0056715				
			Name:	FIRST ELECTRIC COO	OPERATIVE CORPORAT	TON		
Form 990, Schedule (A) Name and Title	e J,		rectors, Trustees, Ko		Highest Compensate (C) Retirement and	d Employees (D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
DON CRABBE PRESIDENT/CEO	(1)	465,530	769	201,587	198,118	23,571	889,575	0
	(11)	0	0	0	0	0	0	0
MELISSA WOOD	(1)	156,853	2,294	774	16,094	15,147	191,162	0

5,202

7,292

611

974

3,941

929

2,094

9,848

84,583

82,088

32,670

15,056

111,929

45,488

26,365

58,669

22,167

6,675

18,071

7,337

15,199

19,059

21,917

19,047

280,355

266,360

211,350

175,068

276,254

210,658

187,539

212,211

(,	 
DON CRABBE	

(11)

(1)

(1)

(1)

(1)

(ı)

(1)

(ı)

(1)

(II)

165,735

167,895

157,213

149,656

141,906

142,967

135,175

122,529

2,668

2,410

2,785

2,045

3,279

2,215

1,988

2,118

CFO

JERRY DRISKILL

DANIEL RIEDEL

TONYA SEXTON

VP - MARKETING

VP - ENGINEERING

ASHLEY GARRINGER

VP - ADMINISTRATION

KAREN SOUTHERLAND

DISTRICT MANAGER

RANDY EVERETT VP - OPERATIONS

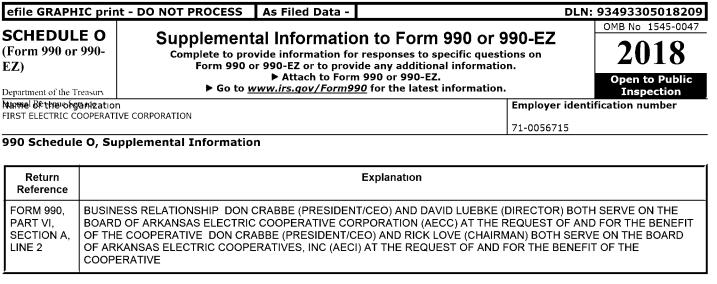
JAMES BRANSCUM

DISTRICT MANAGER

SERVICEMAN

THEODORE DEWEESE JR

**VP - OPERATIONS** 



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	BECAUSE THE BYLAWS GOVERN HOW THE ORGANIZATION OPERATES ON A COOPERATIVE BASIS WITH ITS ME MBERS, THE BOARD OF DIRECTORS PERIODICALLY INITIATES A REVIEW OF THE BYLAWS BY LEGAL COUNS EL IN ORDER TO CLARIFY THE RIGHTS AND RESPONSIBILITIES OF THE MEMBERS, THE BOARD OF DIRECT ORS AND THE COOPERATIVE AS A WHOLE DURING THE FALL OF 2018, THE BOARD OF DIRECTORS INITIA TED SUCH A REVIEW OF THE COOPERATIVE'S BYLAWS THE REVIEW RESULTED IN THE FOLLOWING SUMMAR IZED CHANGES TO ASSIST WITH THE INTERPRETATION AND IMPLEMENTATION OF THE BYLAWS, COMMON TERMS THAT WERE USED THROUGHOUT ARE NOW DEFINED AND CAPITALIZED IN ARTICLE I "DEFINITIONS", WHICH IS A NEW ARTICLE THIS PROVIDES ONE CENTRAL LOCATION FOR THE DEFINITION OF THESE TE RMS AND RESULTED IN OTHER ARTICLES AND SECTIONS BEING AMENDED AS THE DEFINITIONS FOR DEFINED TERMS WERE MOVED TO ARTICLE I THE MEMBERSHIP ARTICLE WAS AMENDED TO INCLUDE LANGUAGE RECOGNIZING THE IMPORTANCE OF THE RELATIONSHIP BETWEEN THE MEMBERS AND THE COOPERATIVE AND THAT THE BYLAWS ARE A CONTRACT AMONG AND BETWEEN BOTH THIS "CONTRACT LANGUAGE" WAS MOVED FROM THE NON-PROFIT OPERATION ARTICLE TO THE MEMBERSHIP ARTICLE SO THAT IT APPLIES TO ALL ACTIVITIES BETWEEN AND AMONG THE MEMBERS AND THE COOPERATIVE AND NOT JUST TO THE ACTIVITIES REQUIRED FOR NON-PROFIT OPERATION, SUCH AS THE ALLOCATION AND RETIREMENT OF PATRONAGE CA PITAL ADDITIONALLY, THE REQUIREMENT FOR MEMBERS TO PURCHASE ELECTRICITY AND TO CONTRIBUTE CAPITAL TO THE COOPERATIVE WAS MOVED FROM THE MEMBERS ARTICLE WAS EXPANDED TO ALSO INCLUDE OBLIGATIONS, SUCH AS THE REQUIREMENT TO PURCHASE ELECTRIC ENERGY AND TO PROVI DE CAPITAL TO THE COOPERATIVE WAS MOVED FROM THE MEMBERS ARTICLE WAS EXPANDED TO ALSO INCLUDE OBLIGATIONS, SUCH AS THE REQUIREMENT TO PURCHASE ELECTRIC ENERGY AND TO PROVI DE CAPITAL TO THE COOPERATIVE, ITS NOW ENTITLED "RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS" IN ADDITION TO INCLUDING THE REQUIREMENT TO PURCHASE ELECTRIC ENERGY AND TO PROVI DE CAPITAL. IN THE FORM OF CAPITAL CREDITS AS PROVIDED FOR IN THE NON-PROFIT OPERATIO

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ECTORS MAY BE PROVIDED REASONABLE COMPENSATION FOR THE TIME, RESPONSIBILITIES UNDERTAKEN A ND DUTIES PERFORMED AS A DIRECTOR SUCH COMPENSATION MUST BE APPROVED, HOWEVER, BY THE BOA RD OF DIRECTORS DUE TO THE FACT THE BYLAWS ARE CONSIDERED A CONTRACT BETWEEN THE MEMBERS AND THE COOPERATIVE, NEW ARTICLES ON GOVERNING LAW, TITLES AND HEADINGS, PARTIAL INVALIDIT Y, CUMULATIVE REMEDIES, ENTIRE AGREEMENT, SUCCESSORS AND ASSIGNS, WAIVER AND LACK OF NOTIC E WERE ADDED AS NEW SECTIONS UNDER THE MISCELLANEOUS ARTICLE THE PURPOSE OF THESE NEW SECTIONS TO ALLOWS THE BYLAWS TO FUNCTION AS A CONTRACT PURSUANT TO THESE NEW ARTICLES, THE LAWS OF THE STATE OF ARKANSAS AND APPLICABLE FEDERAL LAW ARE CONTROLLING THE INVALIDATION OF ONE BYLAW PROVISION BY AN ENTITY POSSESSING PROPER JURISDICTION AND AUTHORITY DOES NOT INVALIDATE ALL PROVISIONS OF THE BYLAWS RIGHTS AND REMEDIES PROVIDED IN THE BYLAWS ARE CU MULATIVE AND DO NOT PRECLUDE A MEMBERS OR THE COOPERATIVE FROM ASSERTING OTHER RIGHTS AND REMEDIES THE DUTIES, RESPONSIBILITIES, LIABILITIES AND OBLIGATIONS FOR THE MEMBERS AND THE COOPERATIVE ARE BINDING UPON SUCH MEMBERS AND COOPERATIVE'S SUCCESSORS AND ASSIGNS THE GOVERNING DOCUMENTS, AS SUCH TERM IS DEFINED IN THE BYLAWS AND WHICH INCLUDES (BUT NOT LIM ITED TO) SERVICE AGREEMENTS, PRICE SCHEDULES, RULES AND REGULATIONS PRESCRIBED BY THE BOAR D OF DIRECTORS) REPRESENT THE FULL AGREEMENT BETWEEN THE COOPERATIVE AND ITS MEMBERS THE FAILURE TO ASSERT A RIGHT DOES WAIVE A RIGHT OR REMEDY PROVIDED IN THE BYLAWS ADDITIONALLY, THESE CHANGES PROVIDE THAT THE FAILURE OF A MEMBER OR A DIRECTOR TO RECEIVE A NOTICE OF A MEETING OF ACTION OR VOTE DOES NOT INVALIDATE THE ACTION APPROVED BY THE MEMBERS OR THE BOARD OF DIRECTORS FOR A COMPLETE SET OF THE COOPERATIVE'S BYLAWS, PLEASE VISIT THE COOP ERATIVE'S WEBSITE AT WWW FIRSTELECTRIC COOP/BYLAWS-NONDISCRIMINATION

990 Schedule O, Supplemental Information

Return

Deference

Reference	
FORM 990,	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE
PART VI,	BASIS
SECTION A,	
LINE 6	l

Explanation

Return Explanation
Reference

FORM 990,	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE
PART VI,	MEMBER ONE VOTE BASIS
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION
PART VI,	OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3
SECTION A,	DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4 AMENDMENT TO THE ARTICLES OF
LINE 7B	INCORPORATION 5 INCREASE IN BONDED INDEBTEDNESS

Return Explanation

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

FORM 990, PART VI, PRIOR TO FILING
SECTION B,
LINE 11B

Explanation Return Reference

FORM 990. ON AN ANNUAL BASIS. THE COOPERATIVE WILL REQUIRE THE BOARD OF DIRECTORS AND ITS OFFICERS TO COMPLETE AND SIGN A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM AND SUBMIT THEM TO THE PART VI. SECTION B. PRESIDENT/CEO AND BOARD CHAIRMAN

LINE 12C

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

THE BOARD OF DIRECTORS USE THE EXPERTISE OF AN INDEPENDENT CONSULTANT AS WELL AS A RETENTION AND COMPENSATION PLAN COMMITTEE WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT/CEO THE CEO
USES THE EXPERTISE OF AN INDEPENDENT CONSULTANT AS WELL AS A COMPENSATION SURVEY WHEN
DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEES MEETING THE DEFINITION OF OFFICER AND KEY EMPLOYEE THE SURVEY INCLUDES SALARIES FROM SIMILAR COOPERATIVES THROUGHOUT ARKANSAS AND THE NATION

990 Schedule O, Supplemental Information

Return

LINE 19

Reference	
FORM 990,	THE COOPERATIVE PROVIDES A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS TO ALL MEMBERS OF
DADT M	THE COOPERATIVE PRIOR TO THE ANNUAL MEETING. THE COOPERATIVE'S BYLAMIC AND ANNUAL REPORT ARE

Explanation

LPART VI. THE COOPERATIVE PRIOR TO THE ANNUAL MEETING. THE COOPERATIVE'S BYLAWS AND ANNUAL REPORT ARE SECTION C. ALSO AVAILABLE ON THE COOPERATIVE'S WEBSITE THE COOPERATIVE MAKES A COMPLETE COPY OF THE AUDITED. FINANCIAL STATEMENTS AVAILABLE AT THE ANNUAL MEETING AND UPON REQUEST OF ANY MEMBER

Return Reference	Explanation
FORM 990, PART VII, COLUMN F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 10% OF A PARTICIPATING EMPLOYEE'S BASE SALARY FOR ALL EMPLOYEES HIRED IN 2006 OR LATER YEARS FOR ALL EMPLOYEES HIRED PRIOR TO 2006 THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION OF UP TO 2% FOR ALL PARTICIPATING EMPLOYEES ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS ONLY EMPLOYEES HIRED PRIOR TO 2006 ARE ELIGIBLE TO PARTICIPATE IN THE MULTI-EMPLOYER DEFINED BENEFIT PLAN THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) ARE COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE DEFINED CONTRIBUTION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED

990 Schedule O, Supplemental Information

TO ITS MEMBERS

Return

ı	Reference	
1	FORM 990,	PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESALE POWER FROM A GENERATION &
ı	PART VIII,	TRANSMISSION COOPERATIVE PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM
	—	

Explanation

LINE 2 COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE
ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE
ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE FLECTRIC SERVICE PROVIDED BY THE COOPERATIVE

THE USOA

Return

Reference	·
FORM 990,	ALTHOUGHT THE COOPERATIVE IS NO LONGER AN RUS BORROWER, ITS ACCOUNTING RECORDS ARE MAINTAINED
PART IX	IN ACCORDANCE WITH THE RUS UNIFORM SYSTEM OF ACCOUNTS (USOA) PRESCRIBED FOR RUS ELECTRIC
	BORROWERS THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON
	PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND
	PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH ITS ACCOUNTING SYSTEM, BUT OTHER EXPENSES
	THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 LINDER THE EXPENSE CATEGORIES REQUIRED BY

Explanation

AND/OR PAID \$17,505,793

Return

Reference	
FORM 990,	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE
PART IX,	ACCOUNTING SYSTEM DESCRIBED ABOVE THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON
LINES 5-7	LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$14,982,533 LESS DIRECTOR FEES &
	BENEFITS REPORTED ON FORM 1099-MISC (382,901) LESS OFFICER & KEY EMPLOYEE BENEFITS INCLUDED IN LINE 5
	(519,982) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 3,284,497 PLUS SALARIES AND WAGES

Explanation

CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 141,646 TOTAL WAGES ACCRUED

990 Schedule O, Supplemental Information

Return

Reference	·
	OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING TAXES \$ 7,655 OTHER DEDUCTIONS 20,593 TRANSMISSION 361,014 TOTAL OTHER EXPENSES PER FORM 990, LINE 24E \$ 389,262
LINE 24E	

Explanation

Return Reference	Explanation
FORM 990, PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (I E PURCHASES) ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2018 CALENDAR YEAR BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE FOR THE 2018 CALENDAR YEAR BECAUSE PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER

Return

Reference	
FORM 990,	ADMINISTRATIVE & GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING ADMINISTRATIVE & GENERAL \$ 3,093,262
PART IX,	OFFICE SUPPLIES 699,590 OUTSIDE SERVICES 107,275 INSURANCES 173,172 EMPLOYEE BENEFITS 606,055
LINE 24	DIRECTORS 547,375 ANNUAL MEETING 70,150 CAPITAL CREDITS 52,287 MISCELLANEOUS GENERAL 384,619 FIBER
	NETWORK STUDY 18,135 REGULATORY COMMISSION 346,743 MAINTENANCE OF GENERAL PLANT 525,438 TOTAL
	ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 6,624,101 LESS RECLASS OF DIRECTOR FEES TO PART IX,

IX. LINES 8-10 (1,437,248) TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX \$ 2,199,000

Explanation

LINE 5 (382,901) LESS RECLASS OF LABOR TO PART IX, LINES 5 & 7 (2,604,952) LESS RECLASS OF BENEFITS TO PART

Return Explanation
Reference

FORM 990,	PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 21,622,494 PATRONAGE CAPITAL RETIRED -9,538,078
PART XI,	UNCLAIMED PATRONAGE RETIREMENTS RETAINED UNDER STATE LAW 1,720,162 OTHER COMPREHENSIVE INCOME
LINE 9	PROVISION FOR POST-RETIREMENT BENEFIT OBLIGATION 903,138 NET CHANGE IN MEMBERSHIPS 8,405 OTHER
	CHANGE IN EQUITIES -416

SCHEDULE R
(Form 990)

Related

Complete if the ord

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493305018209**OMB No 1545-0047

Open to Public Inspection

IRST ELECTRIC COOPERATIVE CORPORATION								71-0056715					
Part I Identification of Disregarded Entities Comple	ete If the organ	iization answe	red "Yes	" on Form	990, Part	IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(a) Name, address, and EIN (ıf applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		ome	(e) End-of-year assets		(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organiz	ations Comple	ete if the orga	nızatıon	answered	"Yes" on F	orm 990,	Part IV,	line 34 l	pecause	ıt had one or	more		
related tax-exempt organizations during the tax you (a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)  (d) Exempt Cod		le section   Public cl		(e) charity status ion 501(c)(3))		<b>(f)</b> Direct controlling entity		(g) Section 512 (b)(13) controlled entity?	
(1)FIRST ELECTRIC TRUST 1000 S JP WRIGHT LOOP ROAD JACKSONVILLE, AR 72076 31-1586917	FOR CHARITA	DISBURSEMENT OF FUNDS FOR CHARITABLE PURPOSES IN THE COOP'S SERVICE AREA		AR		L	LINE 7		FIRST ELECTRIC COOPERATIVE CORPORATION		Yes Yes	No	
For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Ca	t No 5013	 				Sche	edule R (Form	990) 20	018	

(a) Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded fror tax under sections 512 514)	d, total incom	(g) Share of e end-of-year assets			(I) Code V-L amount In 20 of Schedule (Form 10	box ma pa (-1 (55)	(j) neral or naging ortner? s No	owner
								163	110		100	3 140	1
IV Identification of Related Orga	inizations Taxable as a	Corporation	or Trus	t Complete	if the organ	nization ans	wered "Yes	s" on Fo	orm 9	90, Part	[V, lın	e 34	
IV Identification of Related Orga because it had one or more relate (a) Name, address, and EIN of related organization	enizations Taxable as a ed organizations treated a (b) Primary activity	s a corporation (	on or tru: c) gal nicile r foreign	st during th	(d) controlling	(e) ype of entity corp, S corp, or trust)	wered "Yes  (f) Share of total Income	Share	(g) of end- year assets	-of- Pe	(h) rcentagi	e	(13) con
because it had one or more relations  (a)  Name, address, and EIN of	ed organizations treated a	s a corporation (	on or true  c) gal nicile r foreign ntry)	St during th	(d) controlling Trentity  TELECTRIC C	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag	e )	(i) Section (13) con entit Yes
because it had one or more relations.  (a)  Name, address, and EIN of related organization.  T ENERGY SERVICES OF ARKANSAS INC.  5018  NVILLE, AR 72078	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	st during th	ne tax year.  (d) controlling Thentity  (C)  ELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>
because it had one or more relation.  (a)  Name, address, and EIN of related organization.  T ENERGY SERVICES OF ARKANSAS INC.  5018  WILLE, AR 72078	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	Direct FIRST E	ne tax year.  (d) controlling Thentity  (C)  ELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>
Decause it had one or more relations  (a)  Name, address, and EIN of related organization  T ENERGY SERVICES OF ARKANSAS INC  5018  WILLE, AR 72078	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	Direct FIRST E	ne tax year.  (d) controlling Thentity  CELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>
because it had one or more relations  (a)  Name, address, and EIN of related organization  T ENERGY SERVICES OF ARKANSAS INC  5018  NVILLE, AR 72078	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	Direct FIRST E	ne tax year.  (d) controlling Thentity  CELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>
because it had one or more relations.  (a)  Name, address, and EIN of related organization.  T ENERGY SERVICES OF ARKANSAS INC.  5018  NVILLE, AR 72078	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	Direct FIRST E	ne tax year.  (d) controlling Thentity  CELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>
because it had one or more relations  (a)  Name, address, and EIN of related organization	ed organizations treated a  (b)  Primary activity	s a corporation ( Le dom (state o	on or true  c) gal nicile r foreign ntry)	Direct FIRST E	ne tax year.  (d) controlling Thentity  CELECTRIC RATIVE	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) of end- year	-of- Pe	(h) rcentag vnership	e )	(13) con entit <b>Yes</b>

(1) FIRST ELECTRIC TRUST

(2)FIRST ELECTRIC TRUST

(3) FIRST ELECTRIC TRUST

(4)FIRST ELECTRIC TRUST

(5) FIRST ELECTRIC TRUST

Purchase of assets from related organization(s)

Exchange of assets with related organization(s).

Lease of facilities, equipment, or other assets to related organization(s) .

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

r Other transfer of cash or property to related organization(s) . . .

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . . . .

No

No No

No

No

No

No

No

No No

1i

1j

1k

11 Yes

1m

1n Yes

10 Yes

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

N/A - LESS THAN \$50,000

Yes 1q |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes						
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)	1d		No					
a Loans or loan guarantees by related organization(s)	1e		No					

		. '	1
С	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	Γ
е	Loans or loan guarantees by related organization(s)	1e	Γ
		1c 1d 1e	

С	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1c 1d 1e	П
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	<b>1</b> g	П

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b)

Transaction

type (a-s)

Ν

0

(c)

Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		<del></del>											
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990	)) 2018

